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Stress Related Disorders and Their Holistic Management through Ayurvedic Perspectives

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Abstract

Stress-related disorders represent a growing global public health challenge, contributing substantially to psychological morbidity, reduced quality of life, and increased socioeconomic burden. Conventional biomedical approaches primarily emphasize pharmacological and cognitive-behavioral interventions, which, although effective for symptom management, often demonstrate limitations in long-term sustainability, adverse effects, and relapse prevention. In this context, Ayurveda, the traditional system of Indian medicine, offers a holistic and systems-based framework that conceptualizes stress as an imbalance among Manas (mind), Tridosha (Vata, Pitta, and Kapha), and the mental qualities Sattva, Rajas, and Tamas, with a central role attributed to Pragyaparadha (intellectual error) and depletion of Ojas (vital essence). This integrative review synthesizes classical Ayurvedic concepts, contemporary psychophysiological models, and emerging clinical and translational evidence related to stress-related disorders and their holistic management. Electronic databases including PubMed, Scopus, Web of Science, the AYUSH Research Portal, and Google Scholar were searched for peer-reviewed articles published between 1990 and 2025, alongside classical Ayurvedic texts. The findings highlight the therapeutic potential of Satwavajaya Chikitsa (Ayurvedic psychotherapy), Yoga and mind–body practices, Rasayana and adaptogenic pharmacology, and lifestyle-based interventions such as Dinacharya and Sadvritta in improving psychological resilience, autonomic regulation, and neuroimmune function. Based on the synthesized evidence, the review proposes an Ayurvedic Stress Resilience Continuum (ASRC) model integrating cognitive–ethical, neuroendocrine, molecular, and lifestyle dimensions of care. While promising, the existing evidence base is constrained by methodological heterogeneity and limited biomarker-driven validation. Future research should prioritize standardized clinical protocols, randomized controlled trials, and translational biomarker studies to strengthen the integration of Ayurveda into evidence-based global mental healthcare frameworks

Keywords: *Stress-Related Disorders; Ayurveda; Holistic Management; Satwavajaya Chikitsa; Adaptogens.*

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1. Introduction

Stress-related disorders have emerged as a major global public health concern, contributing significantly to the burden of mental illness, reduced quality of life, and impaired occupational and social functioning. Contemporary psychological literature defines stress as a complex interaction between environmental demands and an individual's cognitive, emotional, and physiological responses, which, when prolonged, can precipitate anxiety, depression, sleep disturbances, psychosomatic illnesses, and neurodegenerative conditions **(Misra, 1999; Sharma et al., 2018)**. In modern corporate and urbanized settings, chronic stress is increasingly linked to workplace pressures, lifestyle imbalances, and ethical and social dissonance, underscoring the need for holistic and preventive health models beyond symptom-oriented pharmacological interventions **(Chakraborty & Ghosh, 2020)**.

Conventional biomedical approaches to stress management primarily emphasize psychotropic medications and cognitive-behavioral strategies, which, although effective in acute symptom control, often face limitations related to long-term dependency, adverse effects, and high relapse rates **(Najar et al., 2025)**. This has led to growing global interest in integrative and traditional systems of medicine that address stress as a multidimensional phenomenon involving the mind, body, and social environment. Among these, Ayurveda, the classical system of Indian medicine, offers a comprehensive framework for understanding mental health through the dynamic interplay of *Manas* (mind), *Sharira* (body), *Indriya* (senses), and *Atma* (consciousness), emphasizing balance rather than disease-centric treatment **(Patwardhan et al., 2015; Kumar & Chouhan, 2025)**.

In Ayurvedic literature, stress-related conditions are conceptualized under the broader domain of *Manasika Vyadhi* and are associated with disturbances of the mental qualities *Rajas* and *Tamas*, impairment of *Ojas* (vital essence), and dysregulation of the *Tridosha*—*Vata*, *Pitta*, and *Kapha* **(Yogita et al., 2018; Chakma & Kumar, 2024)**. The etiological role of *Pragyaparadha* (intellectual error) is emphasized as a cognitive and ethical misalignment that predisposes individuals to maladaptive behavioral and emotional responses, thereby linking psychological appraisal processes with physiological vulnerability. This perspective resonates with modern stress models that highlight the centrality of cognitive perception and neuroendocrine regulation in determining stress outcomes **(Misra, 1999; Kashyap, 2025)**.

Recent clinical and translational research has begun to validate the relevance of Ayurvedic principles in contemporary mental healthcare. Observational and interventional studies report significant improvements in anxiety, depression, mindfulness, and psychological flexibility among individuals participating in Ayurvedic wellness programs and lifestyle-based interventions **(Gunathilaka et al., 2019; Patel et al., 2019)**. Furthermore, emerging evidence suggests that Ayurvedic *Rasayana* and adaptogenic herbs such as *Withania somnifera* (Ashwagandha), *Tinospora cordifolia* (Guduchi), and *Ocimum sanctum* (Tulsi) modulate the hypothalamic–pituitary–adrenal (HPA) axis, regulate cortisol levels, and enhance immune and neurocognitive resilience, thereby providing a molecular basis for traditional claims of stress adaptation and vitality enhancement **(Najar et al., 2025; Goyal & Chauhan, 2024)**.

A growing body of interdisciplinary literature also highlights the potential for bridging Ayurvedic diagnostic constructs with modern psychophysiological biomarkers. Concepts such as *Ojas* depletion and *Manovaha Srotas* dysfunction have been mapped to measurable indicators including inflammatory cytokines, heart rate variability, and neurotrophic factors, offering a translational framework for integrating traditional knowledge with contemporary biomedical research **(Joshi et al., 2025)**. Despite these advances, the existing literature remains fragmented, with limited synthesis across philosophical, clinical, molecular, and psychosocial dimensions of stress management.

In this context, the present review aims to critically integrate classical Ayurvedic concepts, modern psychophysiological models, and emerging clinical evidence to provide a comprehensive and holistic perspective on stress-related disorders and their management. By examining cognitive-ethical foundations, biomarker correlations, therapeutic interventions, and lifestyle-based preventive strategies, this study seeks to position Ayurveda as a systems-based mental health model relevant to both clinical practice and public health frameworks in an increasingly stress-driven global society.

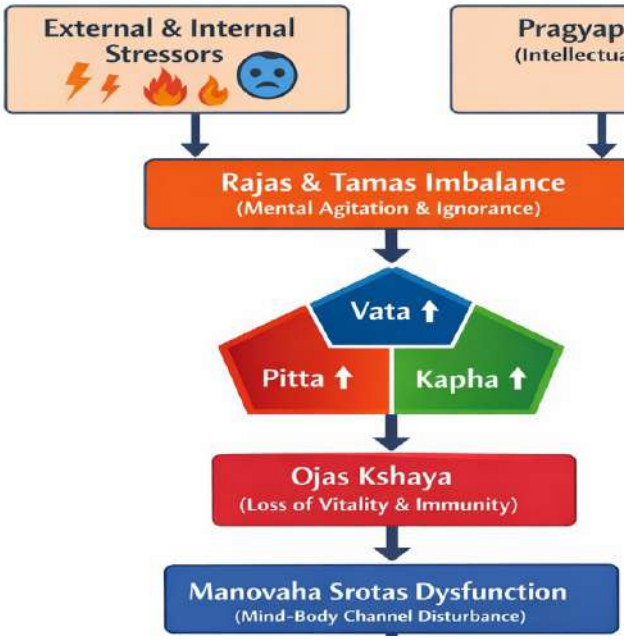

Fig-1. Conceptual framework of stress pathogenesis in Ayurveda

2. Objectives of the Study

- To conceptualize stress-related disorders within the Ayurvedic framework (*Manas, Tridosha, Rajas, Tamas, Ojas,* and *Pragyaparadha*).
- To correlate Ayurvedic concepts with modern psychophysiological mechanisms and stress biomarkers.
- To evaluate the effectiveness of holistic Ayurvedic interventions, including *Satwavajaya Chikitsa*, Yoga, *Rasayana* (adaptogens), *Panchakarma*, and lifestyle practices.
- To identify research gaps and future directions for evidence-based integration of Ayurveda into mental healthcare.

3. Methodology

This review employed a narrative integrative design to synthesize classical Ayurvedic literature and contemporary biomedical research on stress-related disorders and their holistic management. Electronic databases including PubMed, Scopus, Web of Science, the AYUSH Research Portal, and Google Scholar were searched using keywords such as *stress-related disorders, Ayurveda, Satwavajaya, Rasayana, adaptogens, Yoga, HPA axis, cortisol,* and *biomarkers*. Classical sources including the *Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya,* and *Bhavaprakasha* were also consulted. Peer-reviewed articles published in English between 1990 and 2025 addressing stress, anxiety, or depression in relation to Ayurvedic concepts or interventions were included, while non-peer-reviewed sources, anecdotal reports, and studies lacking relevance to stress management were excluded. The selected literature was analyzed thematically and qualitatively synthesized across conceptual, psychophysiological, clinical, and translational domains to develop an integrative framework linking Ayurvedic constructs with modern biomedical evidence.

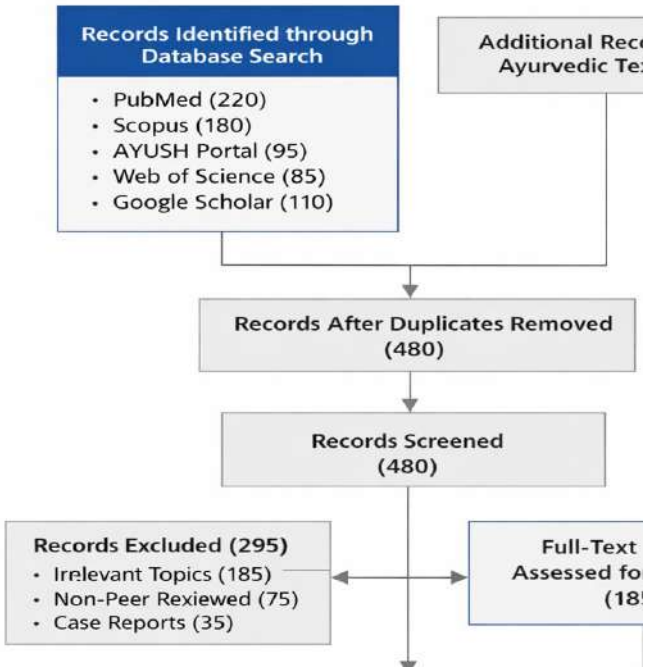

Fig-2. Flow diagram of literature identification and study selection process

4. Conceptual Framework of Stress in Ayurveda

Ayurveda conceptualizes health as a dynamic state of equilibrium among the *Sharira* (body), *Manas* (mind), *Indriya* (sensory faculties), and *Atma* (consciousness), with mental well-being regarded as an integral component of overall physiological harmony. Stress-related disorders are not described as discrete nosological entities in classical texts; rather, they are encompassed within the broader domain of *Manasika Vyadhi*, which arises from disturbances in mental qualities (*Gunas*) and systemic dysregulation of bodily and psychological processes **(Yogita et al., 2018; Kumar & Chouhan, 2025)**.

The primary etiological construct underlying stress in Ayurveda is *Pragyaparadha*, defined as an error of intellect that leads to inappropriate decisions, maladaptive behaviors, and ethical misalignment. This cognitive disturbance disrupts the natural balance of *Rajas* and *Tamas leading to mental agitation, emotional instability, and impaired self-regulation. Classical treatises such as the *Charaka Samhita* emphasize that persistent dominance of *Rajas* (hyperactivity, restlessness) and *Tamas* (inertia, ignorance) weakens the stabilizing influence of *Sattva*, thereby predisposing individuals to psychological vulnerability and psychosomatic manifestations **(Chakma & Kumar, 2024)**.

At the systemic level, mental imbalance is closely linked to dysregulation of the *Tridosha*—*Vata*, *Pitta*, and *Kapha*. *Vata* aggravation is particularly associated with anxiety, fear, insomnia, and cognitive instability, whereas *Pitta* imbalance manifests as irritability, anger, and emotional reactivity, and *Kapha* derangement contributes to lethargy, depressive affect, and motivational deficits **(Yogita et al., 2018)**. These doshic perturbations impair the functional integrity of the *Manovaha Srotas*, the channels responsible for mental and emotional processing, resulting in altered perception, impaired coping, and reduced psychological resilience.

A central pathological outcome of sustained stress exposure in Ayurveda is *Ojas Kshaya*, the depletion of *Ojas*, which is considered the vital essence responsible for immunity, vitality, and mental stability. The loss of *Ojas* is believed to lower resistance to both physical and psychological stressors, thereby facilitating the progression of chronic stress into clinically significant anxiety, depressive states, and psychosomatic disorders **(Chakma & Kumar, 2024; Najar et al., 2025)**. This concept parallels modern understandings of stress-induced immune suppression and neuroendocrine dysregulation.

Ayurveda further classifies stressors into three broad categories: *Adhyatmika* (internal factors such as cognitive, emotional, and constitutional predispositions), *Adhibhautika* (external and social influences), and *Adhidaivika* (environmental and cosmic factors). This tripartite classification reflects a holistic recognition of the multifactorial nature of stress, extending beyond individual physiology to encompass social and environmental determinants of mental health **(Kashyap, 2025)**.

Collectively, this conceptual framework positions stress as a multilevel process originating from cognitive and ethical misalignment, progressing through psychophysiological and doshic dysregulation, and culminating in systemic depletion of vitality and mental resilience. By integrating ethical, psychological, and biological dimensions, the Ayurvedic model provides a comprehensive theoretical foundation for holistic and preventive approaches to stress-related disorders.

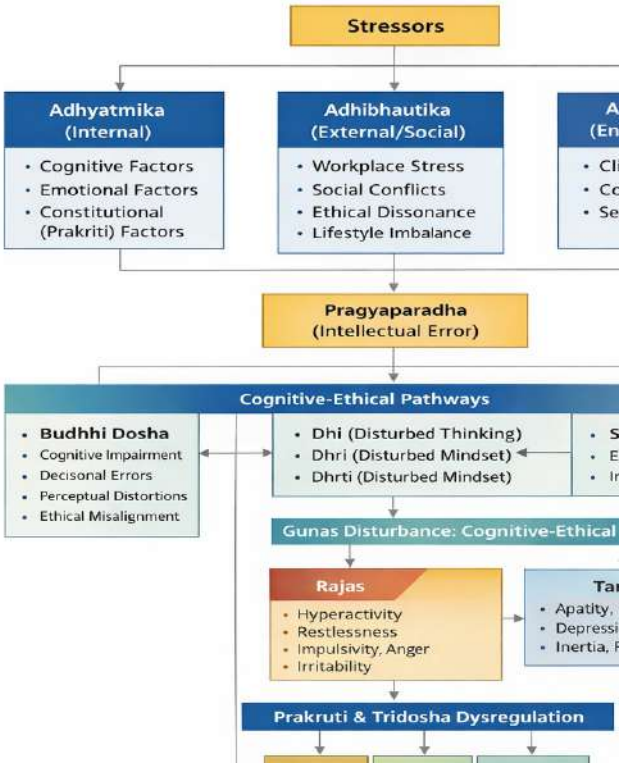

Fig- 3. Ayurvedic classification and cognitive ethical pathways of stress development.

Table 1. Classical Ayurvedic concepts related to stress and their clinical interpretations

Ayurvedic Concept	Classical Description	Clinical Interpretation (Stress-Related Context)
Manas (Mind)	The seat of cognition, perception, and emotional processing	Psychological functions including attention, mood regulation, emotional resilience, and stress perception
Pragyaparadha (Intellectual Error)	Impaired judgment leading to unhealthy behaviors and ethical misalignment	Maladaptive cognitive appraisal, poor coping strategies, and dysfunctional stress responses
Rajas (Mental Quality)	Principle of activity, movement, and stimulation	Hyperarousal, restlessness, anxiety, irritability, impulsivity
Tamas (Mental Quality)	Principle of inertia, heaviness, and ignorance	Lethargy, depression, cognitive dullness, emotional withdrawal
Sattva (Mental Quality)	Principle of clarity, balance, and harmony	Emotional stability, mindfulness, adaptive coping, psychological resilience
Tridosha (Vata, Pitta, Kapha)	Functional regulatory principles governing physiological and psychological processes	Vata: anxiety, fear, insomnia; Pitta: anger, irritability; Kapha: lethargy, depressive affect
Ojas	Vital essence responsible for immunity and vitality	Psychological resilience, immune competence, resistance to chronic stress
Manovaha Srotas	Channels responsible for mental and emotional functions	Neural and psychophysiological pathways governing cognition and emotional regulation
Buddhi	Intellect and discriminative faculty	Executive function, decision-making, cognitive flexibility
Smriti	Memory and recall	Cognitive retention, emotional memory, stress-related memory disturbances
Dhi, Dhriti, Smriti Triad	Thinking, restraint, and memory	Cognitive control, emotional regulation, and psychological stability
Ama	Toxic metabolic byproduct due to impaired digestion	Inflammatory burden, fatigue, somatic stress manifestations
Sadvritta	Ethical and behavioral code	Lifestyle discipline, social harmony, stress prevention through moral conduct
Dinacharya	Daily routine for health maintenance	Sleep hygiene, circadian rhythm regulation, lifestyle-based stress reduction
Ritucharya	Seasonal regimen	Environmental adaptation and stress resilience
Prakriti	Individual constitution	Personalized stress susceptibility and tailored intervention planning

5. Psychophysiological and Biomedical Perspectives on Stress

Stress is recognized in contemporary biomedical science as a dynamic psychophysiological process arising from the interaction between cognitive appraisal, neuroendocrine regulation, and immune and autonomic nervous system responses. Central to this process is the activation of the hypothalamic–pituitary–adrenal (HPA) axis and the sympathetic–adrenomedullary system, which mediate the release of glucocorticoids, primarily cortisol, and catecholamines that facilitate short-term adaptation to perceived threats. While acute stress responses are essential for survival, chronic or dysregulated activation of these systems contributes to allostatic load, increasing vulnerability to anxiety, depression, metabolic

disorders, cardiovascular disease, and immune dysfunction (Misra, 1999; Sharma et al., 2018).

Neurobiologically, stress influences key brain regions involved in emotional regulation and executive function, including the amygdala, hippocampus, and prefrontal cortex. Prolonged exposure to elevated cortisol has been associated with impaired neurogenesis, reduced synaptic plasticity, and alterations in neurotransmitter systems such as serotonin, dopamine, and gamma-aminobutyric acid (GABA), which are implicated in mood and anxiety disorders (Kashyap, 2025). These changes manifest clinically as heightened emotional reactivity, cognitive inflexibility, memory disturbances, and reduced stress tolerance.

At the physiological level, autonomic nervous system imbalance, characterized by sympathetic dominance and reduced parasympathetic activity, is a hallmark of chronic stress. Heart rate variability (HRV) has emerged as a non-invasive biomarker of autonomic regulation and emotional resilience, with lower HRV values correlating with increased stress, anxiety, and depressive symptoms. Additionally, chronic stress is associated with a pro-inflammatory state, marked by elevated levels of cytokines such as interleukin-6 (IL-6), tumor necrosis factor-alpha (TNF-α), and C-reactive protein (CRP), which contribute to neuroinflammation and the progression of stress-related somatic and psychiatric conditions (Joshi et al., 2025; Najar et al., 2025).

Emerging translational research highlights potential correspondences between these biomedical markers and classical Ayurvedic constructs. For instance, dysregulation of autonomic and neuroendocrine functions associated with heightened *Vata* activity parallels findings of reduced HRV and increased sympathetic arousal. Similarly, the Ayurvedic concept of *Ojas* depletion has been mapped to diminished immune competence, reduced levels of brain-derived neurotrophic factor (BDNF), and impaired stress resilience, suggesting a convergence between traditional vitality-based models and modern neuroimmune frameworks (Joshi et al., 2025). The accumulation of *Ama*, described as a pathological byproduct of impaired metabolic processes, has been interpreted in contemporary terms as a state of systemic inflammation and oxidative stress, reflected by elevated inflammatory mediators and mitochondrial dysfunction.

Pharmacological and nutraceutical research further supports integrative approaches to stress management through the identification of adaptogenic agents that modulate stress-response systems. Ayurvedic *Rasayana* herbs such as *Withania somnifera* (Ashwagandha), *Tinospora cordifolia* (Guduchi), and *Ocimum sanctum* (Tulsi) have demonstrated the capacity to normalize HPA axis activity, regulate cortisol secretion, enhance antioxidant defenses, and modulate neurotransmitter pathways, thereby improving cognitive function and emotional stability (Najar et al., 2025; Goyal & Chauhan, 2024). These findings provide a molecular basis for traditional claims of resilience enhancement and support the integration of herbal and lifestyle interventions within evidence-based mental healthcare.

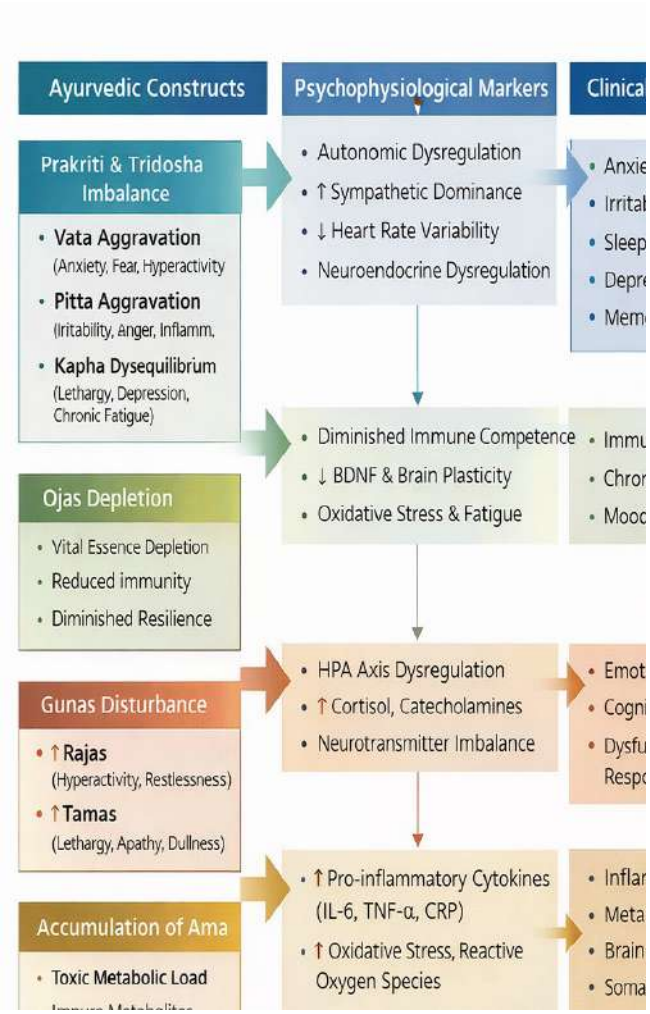

Fig- 4. Translational mapping of Ayurvedic constructs with psychophysiological biomarkers

Table 2. Correlation between Ayurvedic constructs and modern stress biomarkers

Ayurvedic Construct	Description (Classical Perspective)	Modern Stress Biomarkers	Clinical Relevance
Vata Aggravation	Principle of movement and neural activity; governs cognition, sleep, and emotional stability	↓ Heart Rate Variability (HRV), ↑ Sympathetic tone, ↑ Cortisol	Anxiety, restlessness, insomnia, impaired concentration
Pitta Aggravation	Principle of transformation and metabolism; governs emotional intensity and reactivity	↑ Pro-inflammatory cytokines (IL-6, TNF-α), ↑ Cortisol	Irritability, anger, stress-induced hypertension, inflammatory conditions
Kapha Imbalance	Principle of structure and stability; governs motivation and emotional grounding	↓ Dopamine, ↑ CRP, ↓ Metabolic rate markers	Lethargy, depressive symptoms, chronic fatigue
Ojas Depletion	Vital essence responsible for immunity and resilience	↓ BDNF, ↓ Natural Killer (NK) cell activity, ↓ Immunoglobulins	Reduced stress tolerance, immune suppression, mood instability
Gunas Disturbance (Rajas)	Hyperactivity and mental agitation	↑ Catecholamines (Adrenaline, Noradrenaline), ↑ Cortisol	Anxiety, impulsivity, emotional volatility
Gunas Disturbance (Tamas)	Inertia and mental dullness	↓ Serotonin, ↓ BDNF	Depression, apathy, cognitive dulling
Ama Accumulation	Toxic metabolic byproduct from impaired digestion	↑ C-reactive protein (CRP), ↑ Oxidative stress markers (ROS)	Systemic inflammation, brain fog, somatic stress symptoms
Manovaha Srotas Dysfunction	Impaired mental and emotional processing channels	Altered EEG patterns, ↓ Prefrontal cortex activity, ↑ Amygdala activation	Emotional dysregulation, impaired coping, stress hypersensitivity
Pragyaparadha	Cognitive and ethical misalignment	↑ Cortisol reactivity, ↓ Executive function (fMRI, PFC markers)	Maladaptive coping, poor stress appraisal, behavioral dysregulation
Prakriti (Constitutional Type)	Individual psychophysiological predisposition	Baseline HRV, Cortisol rhythm, Inflammatory profiles	Personalized stress susceptibility and tailored intervention planning

6. Holistic Management of Stress-Related Disorders in Ayurveda

Ayurveda advocates a comprehensive, systems-based approach to the management of stress-related disorders that integrates cognitive, behavioral, physiological, and lifestyle interventions. Rather than targeting isolated symptoms, the therapeutic framework aims to restore equilibrium among the *Manas* (mind), *Sharira* (body), and *Atma* (consciousness), thereby enhancing resilience, adaptive capacity, and long-term mental well-being. This multidimensional model is traditionally structured around three principal modalities: *Satwavajaya Chikitsa* (psychological therapy), *Daivavyapashraya Chikitsa* (spiritual and ethical measures), and

Yuktivyapashraya Chikitsa (rational and pharmacological interventions), which collectively address the cognitive-ethical, psychophysiological, and molecular dimensions of stress **(Yogita et al., 2018; Chakma & Kumar, 2024)**.

Satwavajaya Chikitsa represents the cognitive and behavioral cornerstone of stress management in Ayurveda. It focuses on strengthening *Sattva* (mental clarity and balance) while attenuating the destabilizing influences of *Rajas* and *Tamas*. Therapeutic strategies include cognitive reframing, emotional substitution, ethical counseling, reassurance, and the cultivation of adaptive coping behaviors. These approaches parallel contemporary psychotherapeutic models such as cognitive-behavioral therapy and mindfulness-based interventions, emphasizing self-regulation, attentional control, and emotional resilience **(Kumar & Chouhan, 2025)**. Clinically, *Satwavajaya* is employed to address anxiety, depressive tendencies, and stress-induced maladaptive behaviors by restoring cognitive alignment and ethical coherence.

Yoga and allied mind–body practices form an essential component of psychophysiological regulation within the Ayurvedic paradigm. Practices such as *Asana* (postures), *Pranayama* (breath regulation), *Dhyana* (meditation), and *Yoga Nidra* have been shown to modulate autonomic balance, reduce cortisol levels, enhance heart rate variability, and improve emotional regulation. These interventions facilitate parasympathetic activation and neuroendocrine stabilization, thereby counteracting the physiological sequelae of chronic stress **(Kashyap, 2025; Patel et al., 2019)**. From an Ayurvedic perspective, Yoga supports the harmonization of *Vata* and stabilization of the *Manovaha Srotas*, promoting mental clarity and stress adaptability.

Pharmacological management of stress in Ayurveda is primarily mediated through *Rasayana* therapy, which aims to rejuvenate tissues, enhance vitality, and strengthen systemic resilience. Adaptogenic herbs such as *Withania somnifera* (Ashwagandha), *Tinospora cordifolia* (Guduchi), *Ocimum sanctum* (Tulsi), and *Centella asiatica* (Mandukaparni) have demonstrated the capacity to regulate the hypothalamic–pituitary–adrenal axis, normalize cortisol secretion, modulate neurotransmitter pathways, and enhance immune competence. These effects provide a molecular and neurobiological basis for traditional claims of stress adaptation, cognitive enhancement, and emotional stability **(Najar et al., 2025; Goyal & Chauhan, 2024)**. Multi-herbal formulations are often employed to achieve synergistic therapeutic outcomes and personalized interventions based on *Prakriti* (constitutional type).

Preventive and lifestyle-based interventions constitute the foundational layer of holistic stress management in Ayurveda. *Sadvritta* emphasizes ethical conduct, social harmony, emotional moderation, and disciplined behavior as determinants of mental health. *Dinacharya* (daily regimen) and *Ritucharya* (seasonal regimen) guide sleep hygiene, dietary practices, physical activity, and environmental adaptation to maintain circadian and metabolic balance. These measures address the social and environmental dimensions of stress, reinforcing long-term psychological resilience and community well-being **(Chakraborty & Ghosh, 2020)**.

For individuals with chronic or stress-related psychosomatic conditions, *Panchakarma* therapies are utilized to eliminate *Ama* (toxic metabolic byproducts), restore doshic balance, and improve systemic homeostasis. Procedures such as *Shirodhara*, *Abhyanga* (therapeutic massage), and *Nasya* (nasal therapy) have been associated with reductions in anxiety, improvements in sleep quality, and enhanced autonomic regulation. These interventions are typically integrated with dietary and herbal therapies to consolidate therapeutic outcomes and prevent relapse **(Chakma & Kumar, 2024)**.

Collectively, the holistic management framework in Ayurveda offers a multilevel therapeutic strategy that addresses cognitive-ethical alignment, neuroendocrine regulation, molecular resilience, and lifestyle sustainability. By integrating psychotherapeutic principles, mind–body practices, pharmacological adaptogens, and preventive health behaviors, Ayurveda provides a comprehensive and personalized model for the long-term management and prevention of stress-related disorders.

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Fig- 5. Multilevel holistic intervention framework for Ayurvedic stress management

Table 3. Summary of major Ayurvedic interventions and their mechanisms of action in stress regulation

Intervention	Description (Ayurvedic Perspective)	Psychophysiological Mechanism	Clinical Outcomes
Satwavajaya Chikitsa	Cognitive-ethical therapy aimed at strengthening *Sattva* and regulating *Rajas* and *Tamas*	Improves cognitive appraisal, emotional regulation, reduces stress reactivity	Reduced anxiety, improved coping, enhanced psychological resilience
Yoga (Asana, Pranayama, Dhyana)	Mind–body practices to balance *Vata* and stabilize *Manovaha Srotas*	↓ Cortisol, ↑ HRV, parasympathetic activation, improved neuroplasticity	Improved mood, reduced stress, better sleep quality
Rasayana Therapy	Rejuvenation and vitality enhancement through adaptogenic herbs	HPA axis modulation, antioxidant activity, immune regulation	Increased stress tolerance, reduced fatigue, enhanced cognition
Ashwagandha (*Withania somnifera*)	*Medhya Rasayana* for strengthening mind and body	↓ Serum cortisol, GABAergic modulation, mitochondrial protection	Reduced anxiety, improved energy levels, better sleep
Guduchi (*Tinospora cordifolia*)	Immunomodulatory and rejuvenative herb	↓ Oxidative stress, cytokine balance, immune enhancement	Reduced stress-related fatigue, improved immunity
Tulsi (*Ocimum sanctum*)	Sacred adaptogenic herb, promotes mental clarity	Neurotransmitter regulation, antioxidant	Reduced anxiety, improved emotional

		defense	stability
Mandukaparni (*Centella asiatica*)	Cognitive enhancer and neurotonic	↑ BDNF, neuroprotection, improved synaptic plasticity	Improved memory, reduced anxiety
Panchakarma	Detoxification and dosha balancing therapies	↓ Systemic inflammation, improved autonomic balance	Relief from psychosomatic symptoms, improved sleep
Dinacharya & Ritucharya	Daily and seasonal lifestyle regimens	Circadian rhythm regulation, metabolic stabilization	Long-term stress prevention, imp

7. Clinical and Translational Evidence

A growing body of clinical and translational research supports the relevance of Ayurvedic interventions in the management of stress-related disorders, demonstrating measurable improvements in psychological, physiological, and psychosocial outcomes. Observational studies conducted in Ayurvedic clinical settings report a high prevalence of anxiety, depression, and stress-related symptomatology among patients seeking traditional care, underscoring the need for integrative therapeutic approaches that address both mental and somatic dimensions of illness **(Gunathilaka et al., 2019)**. These findings provide a clinical rationale for the incorporation of holistic and preventive strategies within routine mental healthcare.

Interventional studies and wellness-based programs grounded in Ayurvedic principles have shown significant benefits across multiple domains of mental health. Participation in structured Ayurvedic and mind–body interventions has been associated with reductions in anxiety and depressive symptoms, along with improvements in mindfulness, psychological flexibility, and spiritual well-being, as assessed through validated psychometric instruments **(Patel et al., 2019)**. These outcomes suggest that integrative models combining lifestyle modification, meditation, and ethical counseling can produce sustained psychosocial benefits beyond short-term symptom relief.

From a pharmacological and translational perspective, adaptogenic *Rasayana* herbs have been increasingly evaluated for their neuroendocrine and immunomodulatory effects. Clinical trials and systematic reviews indicate that *Withania somnifera* (Ashwagandha) significantly reduces serum cortisol levels, enhances cognitive performance, and alleviates symptoms of anxiety and chronic fatigue, while *Tinospora cordifolia* (Guduchi) and *Ocimum sanctum* (Tulsi) demonstrate antioxidant, anti-inflammatory, and stress-mitigating properties **(Najar et al., 2025; Goyal & Chauhan, 2024)**. These molecular and physiological effects provide empirical support for the traditional Ayurvedic concept of resilience enhancement through *Rasayana* therapy.

Emerging translational models seek to bridge Ayurvedic diagnostic constructs with modern biomarker frameworks to enhance scientific validation and clinical applicability. Recent narrative and biomarker-oriented reviews have proposed correlations between *Vata* dysregulation and autonomic imbalance, *Ojas* depletion and reduced neurotrophic and immune markers, and *Ama* accumulation and systemic inflammatory profiles, offering a pathway for integrating traditional assessments with objective psychophysiological measures such as heart rate variability, cortisol rhythms, and inflammatory cytokines **(Joshi et al., 2025)**. This convergence supports the development of personalized and biomarker-informed treatment protocols.

Despite these advances, the clinical evidence base remains limited by heterogeneity in study design, small sample sizes, and variability in herbal formulations, dosages, and intervention protocols. Most available studies employ short-term follow-up periods, restricting conclusions regarding long-term safety, durability of therapeutic effects, and comparative effectiveness against conventional pharmacological treatments **(Chakma & Kumar, 2024)**. Addressing these limitations through standardized randomized controlled trials, multi-center studies, and longitudinal biomarker assessments is essential for strengthening the translational credibility of Ayurveda within evidence-based mental healthcare.

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Figure 6. Comparative effectiveness of Ayurvedic interventions in stress, anxiety, and depression outcomes

Table 4. Key clinical and translational studies on Ayurvedic management of stress-related disorders

Author(s) & Year	Study Design & Population	Intervention(s)	Outcome Measures	Key Findings
Gunathilaka et al., 2019	Observational cross-sectional study; Ayurveda hospital patients (Sri Lanka)	Standard Ayurvedic treatment protocols	DASS-21, psychological morbidity indices	High prevalence of anxiety, depression, and stress; emphasized need for integrative mental health screening in Ayurvedic practice
Patel et al., 2019	Interventional wellness program; adult participants (USA)	Holistic Ayurvedic lifestyle, meditation, dietary modification	MAAS, perceived stress scale, mood indices	Significant improvement in mindfulness, reduced stress and anxiety, enhanced psychological flexibility
Chakma & Kumar, 2024	Narrative clinical review	Panchakarma, Yoga, Rasayana, Satwavajaya	Symptom improvement synthesis	Reported consistent reductions in stress-related symptoms across multiple Ayurvedic modalities
Najar et al., 2025	Systematic review	Adaptogenic Rasayana herbs (Ashwagandha, Guduchi, Tulsi)	Cortisol levels, anxiety scales, fatigue scores	Demonstrated HPA axis modulation and significant reductions in anxiety and stress biomarkers
Kashyap, 2025	Review of clinical and experimental studies	Yoga, meditation, breath	HRV, cortisol, stress scales	Improved autonomic balance and emotional regulation

		regulation		
Joshi et al., 2025	Translational narrative review	Biomarker mapping of Ayurvedic constructs	HRV, cytokines, BDNF	Proposed functional biomarkers for linking Ayurveda with biomedical psychiatry
Singhania, 2024	Review of herbal formulations	Multi-herbal stress-relief formulations	Stress and mood scales	Reported anxiolytic and adaptogenic effects of Ayurvedic herbal combinations
Sharma et al., 2018	Review of neurodegenerative and depressive disorders	Herbal and lifestyle interventions	Neurocognitive and inflammatory markers	Highlighted neuroprotective and anti-inflammatory potential of Ayurvedic therapies

8. Proposed Integrative Model for Stress Management

Building upon classical Ayurvedic theory, contemporary psychophysiological research, and emerging clinical evidence, this review proposes an Ayurvedic Stress Resilience Continuum (ASRC) as an integrative model for the comprehensive management of stress-related disorders. The model conceptualizes stress as a multilevel process that originates from cognitive and ethical misalignment, progresses through neuroendocrine and autonomic dysregulation, and culminates in molecular and systemic depletion of resilience. Accordingly, therapeutic interventions are structured to address each level of this continuum through coordinated and personalized strategies.

At the foundational level, the model emphasizes cognitive–ethical regulation, corresponding to the domain of Satwavajaya Chikitsa. This tier targets maladaptive cognitive appraisal, emotional dysregulation, and ethical dissonance associated with Pragyaparadha and the predominance of Rajas and Tamas. Interventions at this level include cognitive reframing, mindfulness-based practices, ethical counseling, and the cultivation of Sattva, which collectively enhance self-regulatory capacity and psychological resilience. This dimension aligns with modern psychotherapeutic frameworks that prioritize cognitive control and emotional flexibility as primary determinants of stress adaptation.

The second tier addresses neuroendocrine and autonomic stabilization through Yoga and mind–body practices. Techniques such as Asana, Pranayama, and Dhyana are employed to modulate hypothalamic–pituitary–adrenal axis activity, reduce cortisol secretion, and restore autonomic balance, as reflected in improvements in heart rate variability and parasympathetic tone. This level serves as a critical interface between cognitive processes and physiological stress responses, reinforcing the bidirectional relationship between mental states and somatic regulation.

At the molecular and systemic level, the model incorporates Rasayana and adaptogenic pharmacology to enhance cellular resilience and neuroimmune function. The use of rejuvenative herbs aims to mitigate oxidative stress, regulate inflammatory pathways, and support neurotransmitter balance and neurotrophic signaling, thereby counteracting the biological sequelae of chronic stress. This tier provides a translational bridge between traditional vitality-based concepts such as Ojas and contemporary biomarkers of immune competence and neuroplasticity.

The uppermost level of the continuum focuses on lifestyle and social sustainability, encompassing Dinacharya, Ritucharya, and Sadvritta. These interventions address circadian alignment, dietary regulation, ethical conduct, and social harmony, thereby reinforcing long-term mental health maintenance and relapse prevention. By integrating individual, familial, and occupational dimensions of well-being, this tier extends stress management beyond clinical settings into broader public health and organizational contexts.

The ASRC model further incorporates personalization based on Prakriti, enabling the tailoring of cognitive, physiological, and pharmacological interventions to individual

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psychophysiological constitutions. This personalized approach enhances therapeutic precision, treatment adherence, and long-term outcomes.

Collectively, the proposed integrative model positions Ayurveda as a systems-based mental health framework that harmonizes ethical cognition, neurobiological regulation, molecular resilience, and lifestyle sustainability. By aligning traditional therapeutic principles with contemporary biomedical validation, the ASRC model offers a structured and evidence-informed pathway for advancing holistic, preventive, and personalized strategies in the management of stress-related disorders.

Fig- 7. Ayurvedic Stress Resilience Continuum (ASRC) model integrating cognitive, physiological, molecular, and lifestyle dimensions

Table 5. Clinical applicability of the ASRC model across individual, organizational, and public health levels

Level of Application	Target Population	ASRC Intervention Domain	Implementation Strategies	Expected Outcomes
Individual (Clinical Care)	Patients with stress, anxiety, depression, psychosomatic disorders	Cognitive–ethical, neuroendocrine, molecular, lifestyle	*Satwavajaya Chikitsa*, Yoga therapy, Rasayana prescriptions, Prakriti-based counseling, Panchakarma (when indicated)	Reduced stress and anxiety, improved mood, enhanced resilience, personalized treatment outcomes

Workplace / Organizational	Corporate employees, healthcare workers, educators, high-stress occupations	Lifestyle, cognitive–ethical, psychophysiological	Workplace Yoga programs, stress ethics training (*Sadvritta*), mindfulness sessions, adaptogenic supplementation, sleep and nutrition policies	Reduced burnout, improved productivity, enhanced job satisfaction, better psychosocial climate
Community / Public Health	General population, vulnerable groups, rural and urban communities	Lifestyle sustainability, preventive health, social ethics	Public wellness campaigns, Dinacharya/Ritucharya education, community Yoga programs, herbal health promotion, mental health screening	Improved population mental health, reduced stress-related disease burden, enhanced social well-being
Educational Settings	Students, academic staff	Cognitive–ethical, psychophysiological	Curriculum-based Yoga, ethical education (*Sadvritta*), mindfulness training, lifestyle counseling	Improved concentration, reduced academic stress, enhanced emotional regulation
Primary Healthcare Systems	Frontline health services	Translational and clinical integration	Biomarker-informed screening, integrative care protocols, referral pathways to Ayurvedic and mental health services	Early detection of stress disorders, coordinated care, improved health outcomes
Policy and Health Governance	Public health authorities, policymakers	Preventive and systems-based approach	Integration of Ayurveda into national mental health programs, occupational health policies, wellness guidelines	Sustainable mental health frameworks, cost-effective stress management strategies

9. Discussion

The present review synthesizes classical Ayurvedic theory, contemporary psychophysiological models, and emerging clinical and translational evidence to propose a systems-based framework for the holistic management of stress-related disorders. By integrating cognitive-ethical constructs such as *Pragyaparadha* and *Sattva–Rajas–Tamas* dynamics with modern concepts of neuroendocrine regulation, autonomic balance, and immune–inflammatory pathways, the findings underscore a conceptual convergence between traditional and biomedical paradigms of stress. This integrative perspective supports the view that stress is not merely a neurochemical imbalance but a multidimensional process

encompassing ethical cognition, behavioral patterns, physiological regulation, and social context.

The proposed Ayurvedic Stress Resilience Continuum (ASRC) model advances the literature by organizing therapeutic interventions across hierarchical levels of regulation, ranging from cognitive–ethical alignment to molecular and lifestyle sustainability. This structure aligns with contemporary biopsychosocial models of mental health while offering the distinctive contribution of ethical and constitutional personalization through *Prakriti*. Such personalization resonates with current trends in precision medicine and behavioral health, suggesting that Ayurvedic principles may provide a culturally grounded and theoretically robust framework for individualized stress management strategies.

Clinical and translational evidence reviewed in this study indicates that Ayurvedic interventions, including *Satwavajaya Chikitsa*, Yoga, and *Rasayana* therapy, demonstrate measurable benefits in reducing stress, anxiety, and depressive symptoms, alongside improvements in mindfulness, emotional regulation, and physiological markers such as cortisol and heart rate variability. However, the heterogeneity of study designs, variability in intervention protocols, and limited use of standardized outcome measures constrain the generalizability of these findings. The predominance of short-term and observational studies highlights the need for rigorously designed randomized controlled trials and longitudinal assessments to establish causal relationships and long-term efficacy.

From a translational standpoint, the mapping of Ayurvedic constructs such as *Ojas*, *Vata* dysregulation, and *Ama* accumulation to modern biomarkers offers a promising pathway for scientific validation and interdisciplinary dialogue. Nevertheless, these correlations remain largely theoretical and require empirical testing through biomarker-driven clinical studies, including neuroimaging, immunological profiling, and multi-omics approaches. Such investigations would enhance the credibility of Ayurveda within evidence-based mental healthcare and facilitate its integration into mainstream clinical and public health systems.

The broader applicability of the ASRC model across individual, organizational, and community levels highlights the potential of Ayurveda as a preventive and promotive mental health framework. The emphasis on ethical conduct (*Sadvritta*), daily and seasonal regimens (*Dinacharya* and *Ritucharya*), and workplace and community wellness initiatives aligns with global public health priorities focused on lifestyle medicine and mental health promotion. This multidimensional scope extends the relevance of Ayurvedic stress management beyond clinical settings into policy development, occupational health, and educational environments.

Despite its comprehensive scope, this review is limited by its reliance on narrative synthesis and secondary data sources, which may introduce selection bias and limit the reproducibility of findings. The absence of a formal systematic review protocol and quantitative meta-analysis restricts the ability to draw definitive conclusions regarding comparative effectiveness and dose–response relationships. Future research should prioritize standardized reporting guidelines, robust trial designs, and cross-cultural validation to strengthen the methodological foundation of integrative Ayurvedic mental health research.

In summary, the integration of Ayurvedic philosophy, psychophysiological science, and clinical evidence presented in this review supports the conceptualization of stress-related disorders as multilevel phenomena requiring coordinated and personalized interventions. The ASRC model offers a structured and adaptable framework that bridges traditional wisdom with contemporary biomedical validation, positioning Ayurveda as a potentially valuable component of global, holistic, and preventive mental healthcare strategies.

Table 6. Comparative analysis of conventional biomedical and Ayurvedic approaches to stress management

Dimension	Conventional Biomedical Approach	Ayurvedic Approach
Conceptual Framework	Stress viewed primarily as neurochemical and psychophysiological dysregulation involving the HPA axis and neurotransmitter imbalance	Stress conceptualized as imbalance among *Manas*, *Tridosha*, *Gunas* (*Sattva, Rajas, Tamas*), and depletion of *Ojas*
Etiology	Environmental stressors, genetic predisposition, cognitive appraisal, neuroendocrine and inflammatory pathways	*Pragyaparadha* (cognitive–ethical misalignment), lifestyle imbalance, doshic dysregulation, social and environmental factors
Diagnostic Tools	Psychometric scales (DASS-21, PHQ-9, GAD-7), biomarkers (cortisol, HRV, cytokines), neuroimaging	Clinical assessment of *Prakriti*, *Vikriti*, pulse diagnosis (*Nadi Pariksha*), symptom profiling, lifestyle and behavioral evaluation
Primary Interventions	Pharmacotherapy (SSRIs, anxiolytics), psychotherapy (CBT, counseling), lifestyle advice	*Satwavajaya Chikitsa*, Yoga and meditation, *Rasayana* and herbal formulations, *Panchakarma*, *Dinacharya* and *Sadvritta*
Treatment Focus	Symptom reduction and functional improvement	Restoration of systemic balance and long-term resilience
Personalization	Based on symptom severity, comorbidities, and clinical guidelines	Based on *Prakriti* (constitutional type), doshic status, and psychosocial context
Time Horizon	Often short- to medium-term management	Long-term preventive and promotive health orientation
Outcome Measures	Symptom scores, relapse rates, biomarker normalization	Psychological resilience, lifestyle sustainability, quality of life, doshic balance
Side Effects / Risks	Potential pharmacological side effects, dependency, withdrawal symptoms	Generally low when properly administered; risk of improper herb use or non-standardized formulations
Preventive Orientation	Limited emphasis on primary prevention	Strong focus on prevention through lifestyle, ethics, and seasonal regimens
Systems Perspective	Primarily individual-centered	Individual, family, organizational, and community-centered
Integration Potential	Increasing use of integrative care models	Naturally integrative, adaptable to biomedical and public health systems

10. Research Gaps and Future Directions

Despite the growing body of literature supporting the holistic potential of Ayurvedic interventions in stress-related disorders, several critical gaps remain that limit their full integration into evidence-based mental healthcare. One of the most prominent limitations is the scarcity of rigorously designed randomized controlled trials employing standardized diagnostic criteria, uniform intervention protocols, and validated outcome measures. The heterogeneity in herbal formulations, dosage regimens, and multimodal intervention designs across existing studies

hampers comparability and the synthesis of high-quality evidence.

A significant translational gap exists in the limited use of objective biomarkers to validate Ayurvedic constructs and therapeutic outcomes. While theoretical correlations between concepts such as Ojas, Vata dysregulation, and Ama accumulation and modern markers including cortisol, heart rate variability, inflammatory cytokines, and neurotrophic factors have been proposed, empirical validation through longitudinal, biomarker-driven clinical studies remains sparse. Future research should incorporate neuroimaging, immunological profiling, and multi-omics approaches to establish mechanistic pathways linking traditional diagnostic frameworks with contemporary biomedical endpoints.

The lack of standardized clinical protocols for Satwavajaya Chikitsa and lifestyle-based interventions represents another critical research gap. Unlike pharmacological therapies, psychotherapeutic and behavioral modalities in Ayurveda are often delivered in non-uniform formats, limiting reproducibility and scalability. The development of structured, manualized intervention frameworks and practitioner training guidelines would enhance methodological rigor and facilitate multi-center trials.

Cross-cultural and contextual validation of Ayurvedic stress management strategies remains limited, with the majority of studies conducted within South Asian or wellness-oriented populations. Global applicability and cultural adaptability should be examined through international collaborative research, workplace-based intervention trials, and community-level public health studies to assess feasibility, acceptance, and effectiveness across diverse sociocultural settings.

From a public health perspective, there is insufficient exploration of organizational and policy-level integration of Ayurvedic models into national mental health programs, occupational health frameworks, and preventive healthcare strategies. Health systems research evaluating cost-effectiveness, implementation feasibility, and long-term population-level outcomes would provide essential evidence for policy formulation and large-scale adoption.

Future research should also prioritize the safety, pharmacovigilance, and quality control of herbal formulations, including standardization of active constituents, assessment of herb–drug interactions, and long-term toxicity studies. Establishing robust regulatory and quality assurance mechanisms is critical for ensuring patient safety and maintaining clinical credibility.

In summary, advancing the scientific and clinical integration of Ayurveda in stress management will require a coordinated research agenda emphasizing methodological rigor, biomarker validation, standardized intervention protocols, cross-cultural applicability, and health systems integration. Addressing these priorities has the potential to elevate Ayurvedic approaches from complementary practice to a validated and scalable component of global, preventive, and personalized mental healthcare.

11. Conclusion

This integrative review highlights stress-related disorders as multidimensional phenomena that extend beyond isolated neurochemical imbalances to encompass cognitive, ethical, physiological, and social determinants of mental health. By synthesizing classical Ayurvedic theory with contemporary psychophysiological and clinical evidence, the present study underscores the relevance of Ayurveda as a systems-based framework for holistic and preventive stress management. The proposed Ayurvedic Stress Resilience Continuum (ASRC) model offers a structured and personalized approach that integrates *Satwavajaya Chikitsa*, Yoga and mind–body practices, *Rasayana* and adaptogenic pharmacology, and lifestyle and ethical health principles within a unified therapeutic continuum. This model aligns with modern trends in precision medicine and lifestyle psychiatry, emphasizing individualized care, biomarker-informed validation, and long-term resilience rather than short-term symptom suppression. While existing clinical and translational findings provide promising support for the effectiveness of Ayurvedic interventions in reducing stress, anxiety, and depressive symptoms, the evidence base remains constrained by methodological heterogeneity and limited biomarker-driven validation. Strengthening the scientific foundation through standardized clinical protocols, rigorously designed trials, and multi-omics research will be essential for advancing the credibility and global integration of Ayurveda within evidence-based

mental healthcare systems. In Ayurveda presents a culturally grounded, theoretically robust, and clinically adaptable model for addressing the growing global burden of stress-related disorders. The convergence of traditional wisdom with contemporary biomedical research offers a pathway for developing sustainable, preventive, and personalized mental health strategies that can be integrated into clinical practice, organizational wellness programs, and public health frameworks worldwide.

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